

Debtor 1	<u>Sharon D Atwell</u>			Document	Page 1 of 2
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>		
Debtor 2	<u>Fitzroy A Atwell, Sr</u>				
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>		
United States Bankruptcy Court for the:	<u>Eastern District of Pennsylvania - Philadelphia</u>			District of	<u>PA</u>
					<small>(State)</small>
Case number (If known)	<u>16-15878</u>				

## Official Form 423

**Certification About a Financial Management Course**

12/15

If you are an individual, you must take an approved course about personal financial management if:

- ☒ you filed for bankruptcy under chapter 7 or 13, or
- ☒ you filed for bankruptcy under chapter 11 and § 1141 (d)(3) does not apply.

In a joint case, each debtor must take the course. 11 U.S.C. §§ 727(a)(11) and 1328(g).

After you finish the course, the provider will give you a certificate. The provider may notify the court that you have completed the course. If the provider does not notify the court, you need not file this form. If the provider does not notify the court, then Debtor 1 and Debtor 2 must each file this form with the certificate number before your debts will be discharged.

☐ If you filed under chapter 7 and you need to file this form, file it within 60 days after the first date set for the meeting of creditors under § 341 of the Bankruptcy Code.

☐ If you filed under chapter 11 or 13 and you need to file this form, file it before you make the last payment that your plan requires or before you file a motion for a discharge under § 1141(d)(5)(B) or § 1328(b) of the Bankruptcy Code. Fed. R. Bankr. P. 1007(c).

In some cases, the court can waive the requirement to take the financial management course. To have the requirement waived, you must file a motion with the court and obtain a court order.

**Part 1: Tell the Court About the Required Course**

You must check one:

- ☒ I completed an approved course in personal financial management:

Date I took the course 08/03/2020  
MM / DD / YYYY

Name of approved provider Access Counseling, Inc.

Certificate number 15317-PAE-DE-034735456

- ☐ I am not required to complete a course in personal financial management because the court has granted my motion for a waiver of the requirement based on (check one):

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to complete a course in personal financial management in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.** I am currently on active military duty in a military combat zone.
- ☐ **Residence.** I live in a district in which the United States trustee (or bankruptcy administrator) has determined that the approved instructional courses cannot adequately meet my needs.

**Part 2: Sign Here**

I certify that the information I have provided is true and correct.

/s/ Sharon D Atwell  
Signature of debtor named on certificate

Sharon D Atwell  
Printed name of debtor

08/03/2020  
MM / DD / YYYY

Fill in this information to identify the case:			
Debtor 1	<u>Sharon D Atwell</u>		
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Fitzroy A Atwell, Sr</u>		
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
United States Bankruptcy Court for the:	<u>Eastern District of Pennsylvania - Philadelphia</u>		District of <u>PA</u> <small>(State)</small>
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Date I took the course 08/03/2020  
MM / DD / YYYY

Name of approved provider Access Counseling, Inc.

Certificate number 15317-PAE-DE-034735458

☐ I am not required to complete a course in personal financial management because the court has granted my motion for a waiver of the requirement based on (check one):

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.** My physical disability causes me to be unable to complete a course in personal financial management in person, by phone, or through the internet, even after I reasonably tried to do so.
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**Part 2: Sign Here**

I certify that the information I have provided is true and correct.

/s/ Fitzroy A Atwell, Sr  
Signature of debtor named on certificate

Fitzroy A Atwell, Sr  
Printed name of debtor

08/03/2020  
MM / DD / YYYY